FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 | ORGANIZATION | |
|-------------------------------|---|--------------------------|
| | (See instructions) | Office use only |
| NAME OF COMMITTEE (in f | (Check if name Example: If typying, type over the lines | 12FE4M5 |
| American Acad | demy of Dermatology Association Political Action Committe | ee |
| | | |
| ADDRESS (number and s | 1445 New York Avenue NW | |
| (Check if address is changed) | Ste 800 | |
| | Washington | DC 20005 - 1 |
| | CITY▲ | STATE▲ ZIP CODE ▲ |
| COMMITTEE'S E-MAI | L ADDRESS (Please provide only one e-mail address) | |
| (Check if address is changed) | SHewitt@aad.org | |
| | | |
| is changed) 2. DATE M M 1.2 | / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| 3. FEC IDENTIFICA | TION NUMBER C C00359539 | |
| 4. IS THIS STATEM | ENT NEW (N) OR X AMENDED (A) | |
| I certify that I have examin | ned this Statement and to the best of my knowledge and belief it is true, correct an | d complete |
| Type or Print Name of | Treasurer Steven J. Debnar | |
| Signature of Treasurer | Electronically Filed by Steven J. Debnar | Date 12 / 16 / Y Y Y Y Y |
| NOTE: Submission of fals | se, erroneous, or incomplete information may subject the person signing this State | |
| Office Use Only | For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | |